

## **Department of Public Safety**

Roxann M. Ryan Commissioner

## RESIDENTIAL ELECTRICIAN POST SECONDARY ELECTRICAL PROGRAM (PSEP) **CERTIFICATION STATEMENT**

	Of (Institutions' Name)	(Institution's City, State,	, Zip)
•	ing approval by the lowa Electrical Exars or exceeds PSEP Board rule.		
and accurate Board could	EP Dean have been furnished a copy of the Ele to the best of my knowledge. I realize submitt be grounds for suspension or revocation of dary Electrical Program.	ing false or misleading information to the	Electrical Examining's
hereby ce equirement	ertify that the information submitted to the E set forth by the Electrical Board PSEP rule. I a e program's elements have been altered or disc	lectrical Examining Board represents of Iso certify that I will notify the Board IMM	our PSEP and meets the
(Sig	nature of Institution's Dean)		
	State of		
	County of		
	County of Signed and sworn to (or affirmed) be	Date	
	County of	Date	
	County of  Signed and sworn to (or affirmed) be  By	Date	

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http://iowaelectrical.gov

Integrity, Fairness, Respect, Honesty, Courage, Compassion, Service